



**TEXAS**  
**Department of Family  
and Protective Services**

**Report of Preliminary Findings  
Pilot Program to Provide Protective Services to  
Persons at Risk of Future Harm**

**As Required by  
H.B. 3092, 84<sup>th</sup> Legislature, Regular Session, 2015**

**Department of Family and Protective Services  
Adult Protective Services  
December 15, 2016**

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## Introduction

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House Bill 3092, 84<sup>th</sup> Legislature, Regular Session, 2015, authorized the establishment of the Texas pilot program to provide protective services to certain persons determined to be at risk of future harm, building on existing work managed by Adult Protective Services (APS) within the Texas Department of Family and Protective Services (DFPS).

This legislation additionally directs DFPS to collect data and submit an initial report to the legislature regarding the status of development, implementation, and preliminary findings from the pilot program.

## Legislation

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Pursuant to legislation, APS is evaluating the feasibility and associated benefits of providing protective services when an elderly person or person with a disability had been determined, using criteria developed under Section 48.004, Human Resources Code, to be at risk of future harm from abuse, neglect, or exploitation, but who is not in a state of abuse, neglect, or exploitation.

The statutory deliverables are as follows:

- a) December 15, 2016 -- Report of Preliminary Findings;
- b) August 31, 2017 - APS pilot program terminates , unless the program is terminated before that date;
- c) December 15, 2017 - Final Report to include:
  - an evaluation of the feasibility and benefits of the pilot program;
  - any additional findings the department determines appropriate; and
  - recommendations for the continuation, elimination, or expansion of the pilot program.

## Background and Status of Implementation

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In preparation for the pilot program period, APS released a policy memorandum providing the necessary procedural changes to proceed with the pilot program per legislation. Currently, the existing APS In-Home program requires that clients have at least one validated allegation of abuse, neglect or exploitation (ANE) in order for staff to complete the Risk of Recidivism Assessment tool (RORA). The APS case management information system (IMPACT) requires staff to complete the RORA when there are valid findings, except in cases where the client died, moved, could not be located, or self-neglect was resolved before the opportunity for face-to-face contact with the client.

The RORA estimates risk of client recidivism, that is, risk of becoming the victim in a future allegation of ANE reported to APS. A valid finding of ANE and a completed RORA are required in order to provide services.

Nine service delivery units, one in each service delivery region of APS, were selected to participate in the pilot program for a three month period. This represents nine percent of the of 98 service delivery units in the In-Home program across the state. The counties served by the units involved in the pilot are identified in the table below.

Table 1 Pilot Unit Service Areas	
District	Counties
South	Nueces and Bexar
DFW	Dallas
Houston	Harris
Northwest	Lubbock, Taylor, and El Paso
East Central	Lamar, Delta, Hopkins, Rains, Van Zandt, Wood, Franklin, Red River, Coryell, Lampasas, Mills, Hamilton, San Saba, Bosque, Hill and Milam

The pilot employed the procedural change of treating both invalid and unable to determine (UTD) findings in the same manner as valid findings with respect to risk assessment and service provision based on risk. Staff participating in the pilot were directed to complete a RORA on all investigations with a finding, regardless of whether the finding was valid, invalid or unable to determine. If the final risk level was moderate or high, the specialist was to follow current policy for progressing cases to services as appropriate. The procedures were effective during a three month period from September 1 through November 30, 2015.

After the pilot period, feedback sessions were held with pilot units and management to discuss the process. Subsequent to these discussions, data from IMPACT was analyzed to explore implementation issues associated with the pilot program. Findings are reported in the following pages of this report.

## Preliminary Findings

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A comprehensive dataset on cases handled under pilot program procedures was generated from IMPACT for use in statistical analysis. Key questions guiding the case data analysis were as follows:

1. Did invalid and UTD cases eligible for a risk of recidivism assessment receive one?
2. What was the risk profile of invalid and UTD cases?
3. Were high and moderate risk cases moved to Intensive Case Services (ICS)?

A statistical overview of the pilot group, investigations conducted, and findings on the above questions are summarized in the report sections below.

## Investigations Overview

<b>Table 2 Pilot Investigations Summary</b>		
<b>Pilot Unit (District - Region)</b>	<b>Investigations</b>	<b>% Total</b>
Northwest - 1	209	10%
Northwest - 2	238	12%
Northwest - 10	161	8%
Dallas-Fort Worth - 3	270	13%
East Central - 4	227	11%
East Central - 7	200	10%
Houston - 6	275	13%
South - 8	275	13%
South - 11	214	10%
<b>Total</b>	<b>2069</b>	<b>100%</b>
<b>Disposition</b>	<b>Investigations</b>	<b>% Total</b>
Valid	1307	63%
Unable to Determine	161	8%
Invalid	526	25%
Other	75	4%
<b>Total</b>	<b>2069</b>	<b>100%</b>
<b>Final Risk Level</b>	<b>Investigations</b>	<b>% Total</b>
High	92	4%
Moderate	886	43%
Low	758	37%
No Risk Assessment	333	16%
<b>Total</b>	<b>2069</b>	<b>100%</b>
<b>Investigation Closure Reason</b>	<b>Investigations</b>	<b>% Total</b>
Progressed to ICS	535	26%
Did not progress to ICS	1220	59%
ICS not needed	314	15%
<b>Total</b>	<b>2069</b>	<b>100%</b>

Among the nine pilot units, a total of 2,069 completed investigations were initiated during the pilot period. The average number of investigations per unit was 230. The following table provides a summary of the investigations completed during the pilot.

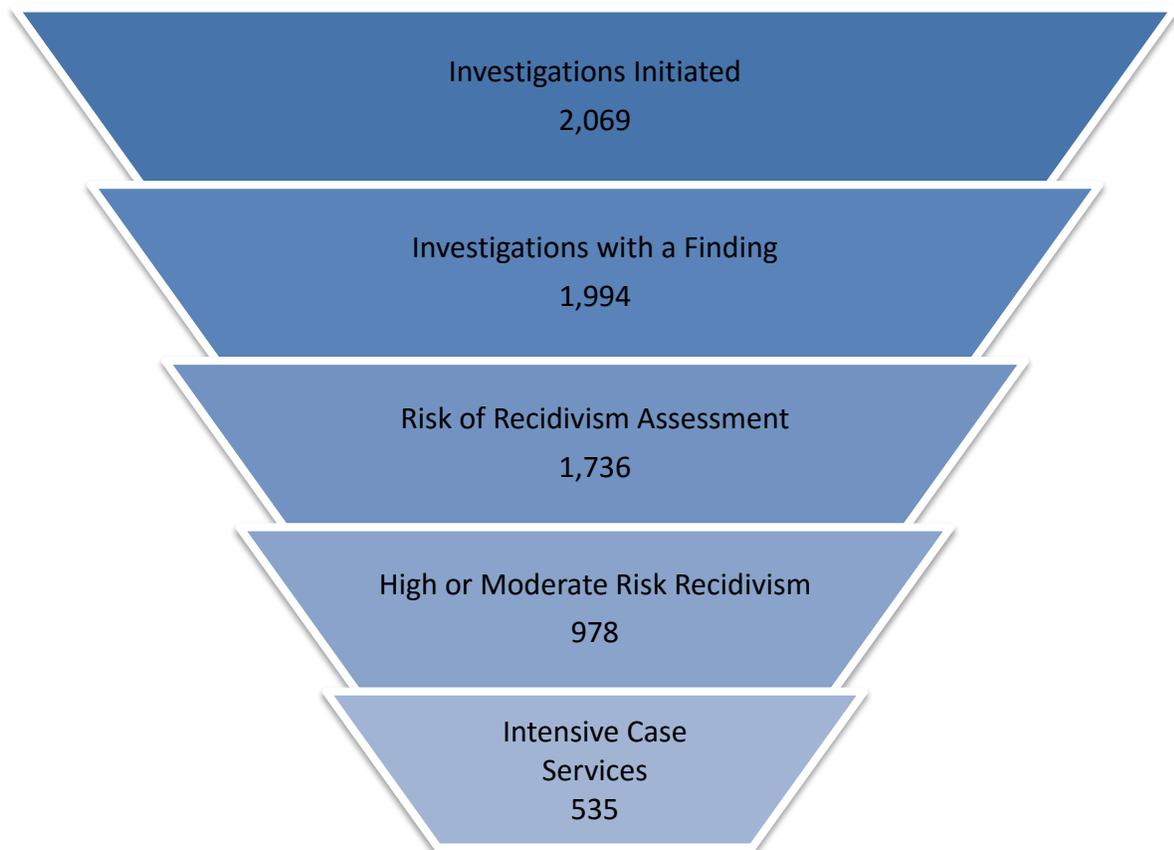
Of the 2,069 investigations initiated in pilot units during the pilot period, 96 percent (1,994) resulted in an investigation finding. The remaining four percent of cases were resolved without the need for a completed investigation.

The great majority (84 percent) of investigations with findings resulted in a RORA being administered to the client (1,736 investigations in total).

Over half (56 percent) of the RORAs identified a high or moderate risk of recidivism (978 cases in total). Of the high and moderate-risk cases, 55 percent (535 cases in total) were moved to the ICS stage of service.

The figure below illustrates this progression of investigations from initiation to the ICS stage of service.

**Figure 1**  
**Progression of Pilot Investigations**



## Risk of Recidivism Assessment

### *Did invalid and UTD cases eligible for a risk of recidivism assessment, receive one?*

Of the completed pilot investigations eligible to provide a RORA to the client, those with an invalid or UTD finding were less likely to provide a RORA than investigations with a valid finding. Among valid investigations, all but one investigation contained a RORA. Of investigations with invalid or UTD dispositions, 70 percent contained a RORA.

<b>Table 3 Risk of Recidivism Assessment (RORA)</b>			
Disposition	Investigations*	Investigations Providing RORA	% Eligible Providing RORA
Valid	1209	1208	100%
Invalid and Unable to Determine	634	444	70%
<b>Total</b>	<b>1843</b>	<b>1652</b>	<b>90%</b>

\*Investigations eligible to provide a RORA

The rate of administration of the RORA differed substantially between investigations with invalid findings and those with UTD findings. Of investigations with invalid dispositions, 75 percent had a RORA, while 47 percent of investigations with UTD dispositions completed one.

## Risk Profile

### *What was the risk profile of invalid and UTD cases?*

<b>Table 4 Final Risk Level Investigations Providing a Risk of Recidivism Assessment (RORA)</b>		
Final Risk Level	Investigations* Providing RORA	% Total
High	87	5%
Moderate	712	43%
Low	853	52%
<b>Total</b>	<b>1652</b>	<b>100%</b>

\*Investigations eligible to provide a RORA

The overall risk profile of pilot cases was typified by a low-to-moderate risk of recidivism. Of all investigations eligible to provide a RORA, the majority (52 percent) was found to have a low risk of recidivism, and most of the rest (43 percent) were found to be at moderate risk of recidivism.

**Table 5**  
**Final Risk Level**  
**Investigations Providing a Risk of Recidivism Assessment (RORA)**

Valid Disposition			Invalid and Unable to Determine Disposition		
Final Risk Level	Investigations* Providing RORA	% Total	Final Risk Level	Investigations* Providing RORA	% Total
High	75	6%	High	12	3%
Moderate	451	37%	Moderate	261	59%
Low	682	56%	Low	171	39%
<b>Total</b>	<b>1208</b>	<b>100%</b>	<b>Total</b>	<b>444</b>	<b>100%</b>

\*Investigations eligible to provide a RORA

The overall risk profile of cases varied by investigation disposition. While cases with valid investigation findings tended to be of low-to-moderate risk (56 percent at low risk, 37 percent at moderate risk), the profile for cases with invalid or UTD findings tended towards a moderate-to-low risk level overall (59 percent at moderate risk, 39 percent at low risk).

## Intensive Case Services

### *Were high and moderate risk cases moved to Intensive Case Services (ICS)?*

In total, 892 investigations from the pilot resulted in an assessment of high or moderate risk and were eligible to progress the case to ICS. Of these investigations, most (60 percent) resulted in the case moving to the ICS stage.

Cases with invalid or UTD investigative findings were less likely to be progressed to ICS than cases with valid findings. Of cases with valid findings, 72percent were progressed to ICS. However, for cases with invalid or UTD findings, 12 percent (22 cases in total) were moved to ICS.

**Table 6**  
**Cases Progressed to Intensive Case Services**

High and Moderate Risk Cases			
Disposition	Investigations*	Investigations progressing case to ICS	% progressed to ICS
Valid	713	512	72%
Invalid and UTD	179	22	12%
<b>Total</b>	<b>892</b>	<b>534</b>	<b>60%</b>

\*Cases eligible to progress to ICS

## Discussion of Preliminary Findings

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The implementation phase of the pilot program was completed successfully in a representative sample of pilot service delivery units. The numbers of investigations and RORAs completed were sufficient to support a quantitative study of implementation through risk assessment and case progression to ICS. Key metrics on these two case management steps provided several key findings on implementation completeness, with possible implications for implementation feasibility.

First, the RORA was not universally administered in all cases of an invalid or investigative finding. As required by standard policy and practice, staff consistently provided the RORA in cases of valid findings. In contrast, RORAs were provided in cases of invalid or unable to determine findings only 70 percent of the time.

While this represents a solid majority of cases, the 30 percent incomplete rate falls short of full completion. The invalid and UTD investigations that resulted in a RORA represented 444 additional assessments completed over and above the 1,208 completed in cases of valid findings. This is an increase of 37 percent. Had 100% of the invalid and UTD investigations resulted in RORAs (a total of 634 assessments), there would have been a 52 percent increase in the number of assessments completed.

Second, rates of progression of cases with invalid and UTD findings to ICS were low, at just 12 percent. Had these 22 cases increased to a number representing the 72 percent progression rate found for cases with valid findings, 129 cases with invalid or UTD findings would have been progressed to ICS. This would amount to a 25 percent increase in cases receiving intensive services.

Thirdly, the overall risk profile of cases with invalid or UTD dispositions was somewhat higher than that of cases with valid investigation findings. Cases with invalid or UTD findings as a group had a moderate-to-low risk of recidivism, while cases with valid investigation findings as a whole tended towards a low-to-moderate risk. In this context, the differentials in RORA completion and ICS progression rates for invalid and UTD findings take on additional interest. The increased overall risk level for invalid and UTD cases suggests that additional invalid and UTD cases might have been progressed to ICS.

## Conclusion

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APS intends to continue to collect and analyze information to gain additional insights on feasibility and benefits of the APS Pilot Program. APS staff plans to conduct additional analysis of observed implementation rates with comparisons to data for case management across the state. In addition, the remaining time left of the pilot program will allow for a follow-up study of recidivism through at least 18 months for all clients in the study cohort. Implications of continued training and improvements in application of the SHIELD (Strategies that Help Intervention and Evaluation Leading to Decisions) model of case management practice will be analyzed as well. Finally, APS will collect and analyze the data to assess where even in cases which there are no validated allegations, if the RORA shows a moderate or high risk of future harm; there is an opportunity to provide services to reduce the likelihood of future harm.

This one-time initial preliminary report will be followed by a final report due December 15, 2017 to the Legislature. Per legislation the final report in December will include: an evaluation of the feasibility and benefits of the pilot program, any additional findings the department determines appropriate, and recommendations for the continuation, elimination, or expansion of the pilot program.